

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/750,857

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/		
2				/		
3				/		
4				/		
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TOTAL IND.			2			
TOTAL DEP.			28			
TOTAL CLAIMS			30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52		/				
53		/				
54		/				
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